

**First Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 23-0015.02 Yelana Love x2295

**HOUSE BILL 23-1209**

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**HOUSE SPONSORSHIP**

**Boesenecker and McCormick,**

**SENATE SPONSORSHIP**

**Jaquez Lewis,**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE ANALYSIS OF A UNIVERSAL HEALTH-CARE SYSTEM.**

**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)*

The bill requires the Colorado school of public health to analyze model legislation for implementing a publicly financed and privately delivered universal health-care payment system for Colorado that directly compensates providers. The Colorado school of public health must submit a report detailing its findings from the analysis to the general assembly by December 1, 2023.

The bill also creates the statewide health-care analysis task force consisting of members appointed by the general assembly and the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
Capital letters or bold & italic numbers indicate new material to be added to existing law.  
Dashes through the words or numbers indicate deletions from existing law.

governor, as well as executive directors of specified state departments, the commissioner of insurance, and the chief executive officer of the Colorado health benefit exchange or any designees of the executive directors, the commissioner, and the chief executive officer. The task force is created for the purpose of advising the Colorado school of public health during the analysis.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** In Colorado Revised Statutes, **add** 23-20-145 as  
3 follows:

4           **23-20-145. Universal health care analysis - legislative**  
5 **declaration - definitions - repeal. (1) Legislative declaration.** THE  
6 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

7           (a) THE FINAL REPORT OF THE BLUE RIBBON COMMISSION FOR  
8 HEALTH CARE REFORM, CREATED IN SECTION 10-16-131 BEFORE ITS  
9 REPEAL, ISSUED IN JANUARY 2008, AND THE SEPTEMBER 1, 2021, REPORT  
10 OF THE HEALTH CARE COST ANALYSIS TASK FORCE, CREATED IN SECTION  
11 25.5-11-103 BEFORE ITS REPEAL, BOTH CLEARLY SHOWED THAT A SINGLE,  
12 NONPROFIT SYSTEM FOR HEALTH CARE CAN SAVE MONEY, COVER  
13 EVERYONE IN THE STATE, AND SUPPORT BETTER HEALTH CARE;

14           (b) TO ACHIEVE BETTER, MORE AFFORDABLE, AND FAIRER HEALTH  
15 CARE, THE PEOPLE OF COLORADO NEED ANSWERS TO VERY IMPORTANT  
16 QUESTIONS REGARDING UNIVERSAL HEALTH CARE; AND

17           (c) IT IS IMPORTANT TO HAVE AN ANALYSIS OF MODEL  
18 LEGISLATION FOR A UNIVERSAL HEALTH CARE SYSTEM IN ORDER TO  
19 DETERMINE WHETHER SUCH A SYSTEM WOULD ACHIEVE THE GOALS OF  
20 BETTER, MORE AFFORDABLE, AND FAIRER HEALTH CARE FOR ALL  
21 COLORADANS.

22           (2) AS USED IN THIS SECTION:

1 (a) "FEDERAL ACT" MEANS THE FEDERAL "PATIENT PROTECTION  
2 AND AFFORDABLE CARE ACT", PUB.L. 111-148, AS AMENDED BY THE  
3 FEDERAL "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF  
4 2010", PUB.L. 111-152.

5 (b) (I) "HEALTH-CARE PROVIDER" OR "PROVIDER" MEANS ANY  
6 PERSON WHO IS LICENSED, CERTIFIED, REGISTERED, OR OTHERWISE  
7 PERMITTED BY STATE LAW TO ADMINISTER HEALTH CARE IN THE ORDINARY  
8 COURSE OF BUSINESS OR IN THE PRACTICE OF A PROFESSION.

9 (II) "HEALTH-CARE PROVIDER" INCLUDES A PROFESSIONAL  
10 SERVICE CORPORATION, LIMITED LIABILITY COMPANY, OR REGISTERED  
11 LIMITED LIABILITY PARTNERSHIP ORGANIZED PURSUANT TO STATE LAW  
12 FOR THE PRACTICE OF A HEALTH-CARE PROFESSION.

13 (c) "MEDICAID" MEANS THE MEDICAL ASSISTANCE PROGRAMS  
14 ESTABLISHED PURSUANT TO THE "COLORADO MEDICAL ASSISTANCE ACT",  
15 ARTICLES 4 TO 6 OF TITLE 25.5;

16 (d) "MEDICARE" MEANS FEDERAL INSURANCE OR ASSISTANCE  
17 PROVIDED BY THE "HEALTH INSURANCE FOR THE AGED ACT", TITLE XVIII  
18 OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395 ET SEQ.,  
19 AS AMENDED.

20 (e) (I) "REPRODUCTIVE HEALTH CARE" MEANS HEALTH CARE AND  
21 OTHER MEDICAL SERVICES RELATED TO THE REPRODUCTIVE PROCESSES,  
22 FUNCTIONS, AND SYSTEMS AT ALL STAGES OF LIFE.

23 (II) "REPRODUCTIVE HEALTH CARE" INCLUDES FAMILY PLANNING  
24 AND CONTRACEPTIVE CARE; ABORTION CARE; PRENATAL, POSTNATAL, AND  
25 DELIVERY CARE; FERTILITY CARE; STERILIZATION SERVICES; AND  
26 PREVENTION AND TREATMENTS FOR SEXUALLY TRANSMITTED INFECTIONS  
27 AND REPRODUCTIVE CANCERS.

1 (f) "TASK FORCE" MEANS THE STATEWIDE HEALTH-CARE ANALYSIS  
2 TASK FORCE CREATED PURSUANT TO SECTION 25.5-1-133.

3 (g) "UNIVERSAL HEALTH-CARE SYSTEM" MEANS A HEALTH-CARE  
4 PAYMENT SYSTEM UNDER WHICH EVERY RESIDENT OF THE STATE HAS  
5 ACCESS TO ADEQUATE AND AFFORDABLE HEALTH CARE.

6 (3) (a) (I) NO LATER THAN JULY 1, 2023, THE COLORADO SCHOOL  
7 OF PUBLIC HEALTH SHALL ACQUIRE MODEL LEGISLATION FOR A  
8 PUBLICLY FINANCED AND PRIVATELY DELIVERED UNIVERSAL  
9 HEALTH-CARE SYSTEM FOR COLORADO THAT DIRECTLY COMPENSATES  
10 PROVIDERS.

11 (II) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL MAKE THE  
12 MODEL LEGISLATION IT ACQUIRES PUBLICLY AVAILABLE ON A WEBSITE SO  
13 THAT INTERESTED PARTIES MAY EVALUATE AND REVIEW THE MODEL  
14 LEGISLATION.

15 (b) THE MODEL LEGISLATION MUST BE CREATED BY A  
16 NOT-FOR-PROFIT ORGANIZATION THAT PRIORITIZES A HEALTH-CARE  
17 SYSTEM THAT:

18 (I) PROVIDES COMPREHENSIVE BENEFITS FOR MEDICAL CARE,  
19 INCLUDING DENTAL, HEARING, VISION, AND MENTAL HEALTH;

20 (II) PROVIDES HOME CARE AND LONG-TERM CARE AT LEAST AT THE  
21 LEVEL OF COVERAGE CURRENTLY AVAILABLE TO COLORADANS WHO ARE  
22 MEDICAID RECIPIENTS, AS DEFINED IN SECTION 25.5-4-103 (21);

23 (III) REQUIRES HEALTH-CARE DECISIONS TO BE MADE BY PATIENTS  
24 AND THE PATIENT'S HEALTH-CARE PROVIDERS;

25 (IV) ALLOWS PATIENTS TO HAVE FREE CHOICE AMONG PROVIDERS  
26 THAT PARTICIPATE IN THE UNIVERSAL HEALTH-CARE SYSTEM;

27 (V) PROVIDES HEALTH-CARE BENEFITS TO ALL COLORADO

1 RESIDENTS;

2 (VI) IS FUNDED BY PREMIUMS BASED ON AN INDIVIDUAL'S ABILITY

3 TO PAY;

4 (VII) PROHIBITS DEDUCTIBLES AND COPAYMENTS;

5 (VIII) ENSURES FAIR DRUG AND HOSPITAL PRICES AS WELL AS FAIR

6 PAYMENT TO PROVIDERS;

7 (IX) IS ADMINISTERED THROUGH A PUBLICLY ADMINISTERED

8 NONPROFIT ENTERPRISE THAT IS THE SOLE AGENCY PAYING FOR

9 HEALTH-CARE COSTS IN THE STATE; AND

10 (X) IS DESIGNED TO PRIORITIZE BENEFITS AND ACCESS TO CARE

11 FOR PATIENTS WHILE PREVENTING BARRIERS TO CARE THAT ARE IMPOSED

12 FOR THE PURPOSE OF INCREASING PROFITS.

13 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ANALYZE

14 THE MODEL LEGISLATION ACQUIRED PURSUANT TO SUBSECTION (3) OF THIS

15 SECTION. THE ANALYSIS MAY:

16 (a) INCLUDE THE FIRST-, SECOND-, FIFTH-, AND TENTH-YEAR

17 COSTS;

18 (b) IDENTIFY REIMBURSEMENT RATES FOR HEALTH-CARE

19 PROVIDERS AT LEVELS THAT RESULT IN NET INCOME THAT WILL ATTRACT

20 AND RETAIN NECESSARY HEALTH-CARE PROVIDERS;

21 (c) CONSIDER A PROGRAM TO REIMBURSE HEALTH-CARE BENEFITS

22 AT ONE HUNDRED TWENTY PERCENT OF MEDICARE RATES FOR RESIDENTS

23 OF COLORADO WHO ARE TEMPORARILY LIVING OUT OF STATE;

24 (d) ENSURE THAT THE BENEFITS OUTLINED IN THE MODEL

25 LEGISLATION ARE THE SAME AS THE BENEFITS REQUIRED BY THE FEDERAL

26 ACT AND AS CURRENTLY REQUIRED UNDER STATE LAW;

27 (e) IDENTIFY HEALTH EXPENDITURES BY PAYER;

- 1 (f) IDENTIFY COSTS BASED ON AN INDIVIDUAL'S ABILITY TO PAY;
- 2 (g) DESCRIBE HOW A UNIVERSAL HEALTH-CARE SYSTEM PROVIDES
- 3 THE FOLLOWING:
- 4 (I) SERVICES REQUIRED BY THE FEDERAL ACT AND STATE LAW;
- 5 (II) SERVICES COVERED UNDER MEDICARE;
- 6 (III) MEDICAID SERVICES AND BENEFITS THAT MEET OR EXCEED
- 7 CURRENT SERVICES AND BENEFITS AND WITH PROVIDER REIMBURSEMENT
- 8 RATES THAT ARE EQUIVALENT TO OR HIGHER THAN CURRENT
- 9 REIMBURSEMENT RATES;
- 10 (IV) MEDICAID SERVICES AND BENEFITS FOR INDIVIDUALS WITH
- 11 DISABILITIES WHO DO NOT MEET ASSET OR INCOME QUALIFICATIONS, WHO
- 12 HAVE THE RIGHT TO MANAGE THEIR OWN CARE, AND WHO HAVE THE RIGHT
- 13 TO DURABLE MEDICAL EQUIPMENT;
- 14 (V) COVERAGE FOR WOMEN'S HEALTH-CARE SERVICES AND
- 15 REPRODUCTIVE HEALTH CARE TO THE EXTENT THAT THOSE SERVICES ARE
- 16 ALLOWABLE BY STATE AND FEDERAL LAW;
- 17 (VI) VISION, HEARING, AND DENTAL SERVICES;
- 18 (VII) ACCESS TO PRIMARY AND SPECIALTY HEALTH-CARE
- 19 SERVICES IN RURAL COLORADO AND OTHER UNDERSERVED AREAS OR
- 20 POPULATIONS; AND
- 21 (VIII) BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE
- 22 DISORDER SERVICES;
- 23 (h) CONSIDER OTHER COLLATERAL COSTS AS DETERMINED BY THE
- 24 TASK FORCE;
- 25 (i) PROVIDE A GENERAL COST ESTIMATE AS WELL AS POTENTIAL
- 26 ADDITIONAL REVENUE SOURCES TO COVER HOME CARE AND LONG-TERM
- 27 CARE FOR ALL COLORADANS INELIGIBLE FOR MEDICAID; AND

1 (j) PROVIDE ANY ADDITIONAL INFORMATION THE COLORADO  
2 SCHOOL OF PUBLIC HEALTH FINDS RELEVANT.

3 (5) BY OCTOBER 1, 2024, THE COLORADO SCHOOL OF PUBLIC  
4 HEALTH SHALL SUBMIT A REPORT DETAILING ITS FINDINGS FROM THE  
5 ANALYSIS COMPLETED PURSUANT TO SUBSECTION (4) OF THIS SECTION TO  
6 THE HOUSE OF REPRESENTATIVES COMMITTEE ON HEALTH AND INSURANCE  
7 AND THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES, OR THEIR  
8 SUCCESSOR COMMITTEES.

9 (6) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2024.

10 **SECTION 2.** In Colorado Revised Statutes, **add 25.5-1-133** as  
11 follows:

12 **25.5-1-133. Statewide health-care analysis task force - creation**  
13 **- appointments - duties - repeal.** (1) THERE IS CREATED IN THE STATE  
14 DEPARTMENT THE STATEWIDE HEALTH-CARE ANALYSIS TASK FORCE FOR  
15 THE PURPOSE OF ADVISING THE COLORADO SCHOOL OF PUBLIC HEALTH IN  
16 COMPLETING THE ANALYSIS REQUIRED BY SECTION 23-20-145.

17 (2) ON OR BEFORE AUGUST 1, 2023, THE PRESIDENT OF THE  
18 SENATE, THE MINORITY LEADER OF THE SENATE, THE SPEAKER OF THE  
19 HOUSE OF REPRESENTATIVES, AND THE MINORITY LEADER OF THE HOUSE  
20 OF REPRESENTATIVES SHALL EACH APPOINT ONE MEMBER OF THE GENERAL  
21 ASSEMBLY TO THE TASK FORCE.

22 (3) (a) ON OR BEFORE AUGUST 1, 2023, THE GOVERNOR SHALL  
23 APPOINT THE FOLLOWING MEMBERS TO THE TASK FORCE:

24 (I) ONE MEMBER REPRESENTING A STATEWIDE HOSPITAL  
25 ASSOCIATION;

26 (II) ONE MEMBER REPRESENTING ORGANIZED LABOR;

27 (III) ONE MEMBER REPRESENTING THE DISABILITY COMMUNITY;

1 (IV) ONE MEMBER WHO IS A REPRODUCTIVE HEALTH CARE  
2 ADVOCATE; ■

3 (V) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION OF  
4 PHYSICIANS;

5 (VI) ONE MEMBER WHO REPRESENTS A STATEWIDE ASSOCIATION  
6 OF MENTAL HEALTH-CARE PROVIDERS;

7 (VII) ONE MEMBER WHO IS A STATE TAX EXPERT OR AN EXPERT ON  
8 SECTION 20 OF ARTICLE X OF THE STATE CONSTITUTION;

9 (VIII) ONE MEMBER WHO IS A RURAL HEALTH CARE ADVOCATE;  
10 AND

11 (IX) ONE MEMBER WHO IS A REGISTERED NURSE REPRESENTING A  
12 STATEWIDE NURSES ASSOCIATION.

13 (b) IN MAKING THE APPOINTMENTS PURSUANT TO SUBSECTION  
14 (3)(a) OF THIS SECTION, THE GOVERNOR SHALL ENSURE THAT THE  
15 APPOINTEES:

16 (I) HAVE A DEMONSTRATED ABILITY TO REPRESENT THE INTERESTS  
17 OF ALL COLORADANS AND, REGARDLESS OF THE APPOINTEES'  
18 BACKGROUNDS OR AFFILIATIONS, ARE ABLE TO PRESENT OBJECTIVE,  
19 NONPARTISAN, FACTUAL, AND EVIDENCE-BASED IDEAS AND TO  
20 OBJECTIVELY ADVISE THE COLORADO SCHOOL OF PUBLIC HEALTH  
21 CONCERNING HEALTH-CARE FINANCING SYSTEMS; AND

22 (II) REFLECT THE SOCIAL, DEMOGRAPHIC, AND GEOGRAPHIC  
23 DIVERSITY OF THE STATE.

24 (4) THE EXECUTIVE DIRECTORS OF THE DEPARTMENT OF HUMAN ■  
25 SERVICES AND THE STATE DEPARTMENT; THE COMMISSIONER OF  
26 INSURANCE; AND THE CHIEF EXECUTIVE OFFICER OF THE HEALTH BENEFIT  
27 EXCHANGE, CREATED IN ARTICLE 22 OF TITLE 10, OR THE DESIGNEE OF AN



1 EXECUTIVE DIRECTOR, THE COMMISSIONER, OR THE CHIEF EXECUTIVE  
2 OFFICER, SHALL SERVE ON THE TASK FORCE.

3 (5) (a) THE EXECUTIVE DIRECTOR OF THE STATE DEPARTMENT, OR  
4 THE EXECUTIVE DIRECTOR'S DESIGNEE SERVING ON THE TASK FORCE,  
5 SHALL CALL THE FIRST MEETING OF THE TASK FORCE.

6 (b) THE TASK FORCE SHALL SELECT A CHAIR AND VICE-CHAIR FROM  
7 AMONG ITS MEMBERS. A MEMBER OF THE TASK FORCE APPOINTED  
8 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION MAY BE REMOVED BY  
9 A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE TASK FORCE. IF A  
10 VACANCY OCCURS ON THE TASK FORCE, THE ORIGINAL APPOINTING  
11 AUTHORITY SHALL APPOINT A NEW MEMBER TO FILL THE VACANCY.

12 (c) THE TASK FORCE SHALL MEET AT LEAST SIX TIMES BEFORE  
13 OCTOBER 2024 AND MAY CONVENE ADDITIONAL MEETINGS BY A MAJORITY  
14 VOTE OF THE MEMBERS OF THE TASK FORCE.

15 (6) AT THE FIRST MEETING OF THE TASK FORCE, A REPRESENTATIVE  
16 FROM THE ENTITY PROVIDING THE MODEL LEGISLATION SELECTED BY THE  
17 COLORADO SCHOOL OF PUBLIC HEALTH SHALL PRESENT THE MODEL  
18 LEGISLATION TO THE TASK FORCE FOR FEEDBACK.

19 (7) NONLEGISLATIVE TASK FORCE MEMBERS ARE NOT ENTITLED TO  
20 RECEIVE PER DIEM OR OTHER COMPENSATION FOR PERFORMANCE OF  
21 SERVICES FOR THE TASK FORCE BUT MAY BE REIMBURSED FOR ACTUAL  
22 AND NECESSARY EXPENSES WHILE ENGAGED IN THE PERFORMANCE OF  
23 OFFICIAL DUTIES OF THE TASK FORCE. LEGISLATIVE TASK FORCE MEMBERS  
24 ARE REIMBURSED PURSUANT TO SECTION 2-2-307 (3).

25 (8) THIS SECTION IS REPEALED, EFFECTIVE DECEMBER 1, 2025.  
26 **SECTION 3. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.